Quality Innovation Network-
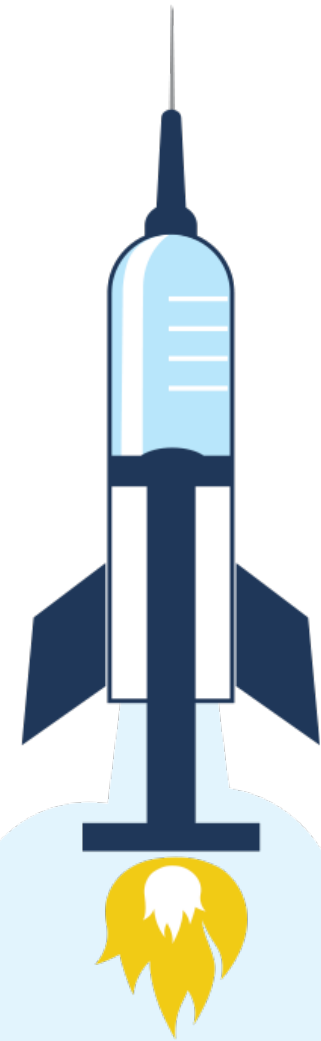**Quality Improvement Organization**
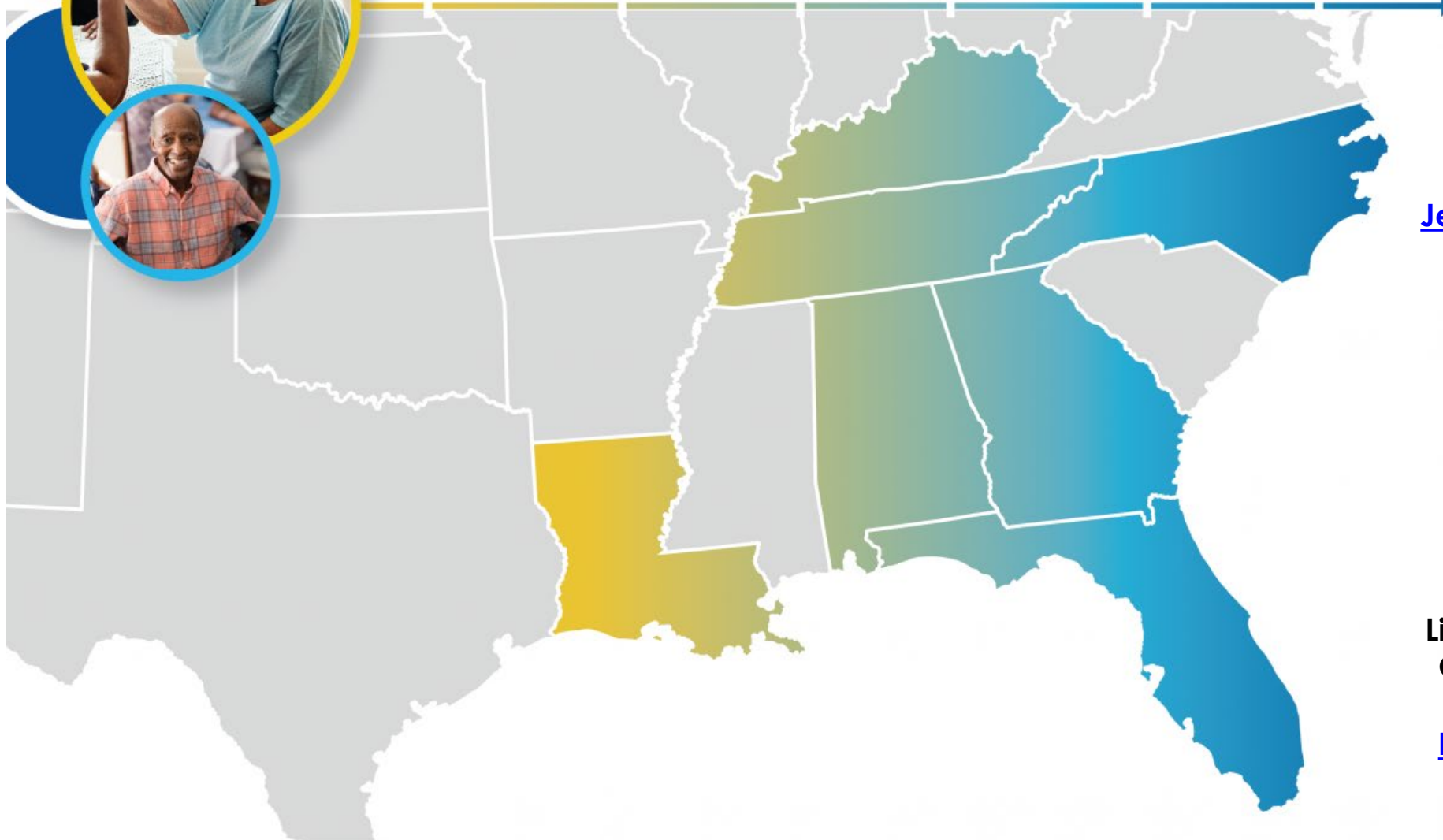**(QIN-QIO) Network**

Outbreak: Review of Actions

June 2, 2022

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Making Health Care Better *Together*

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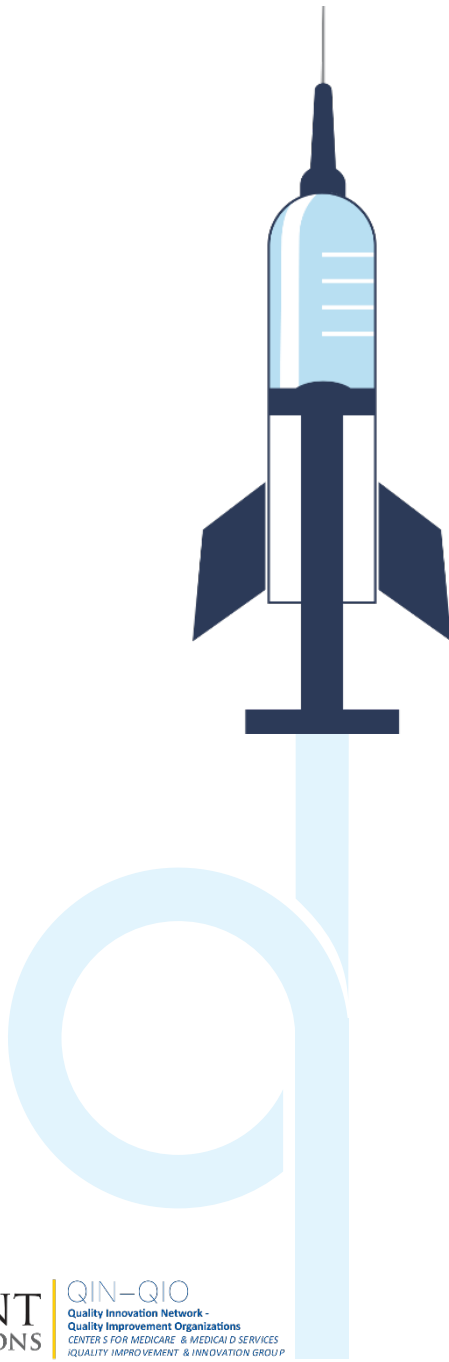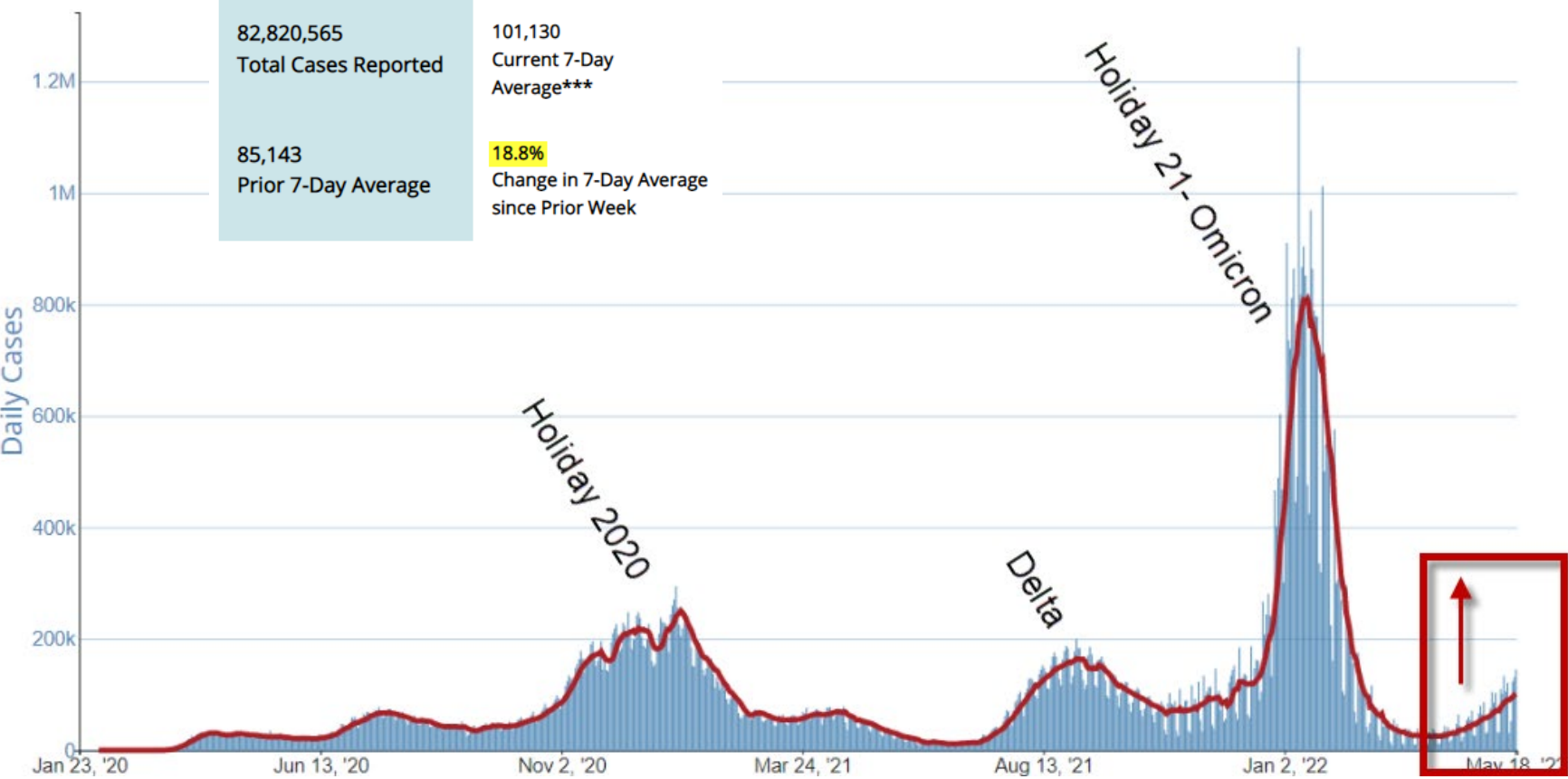O: 678-527-3494

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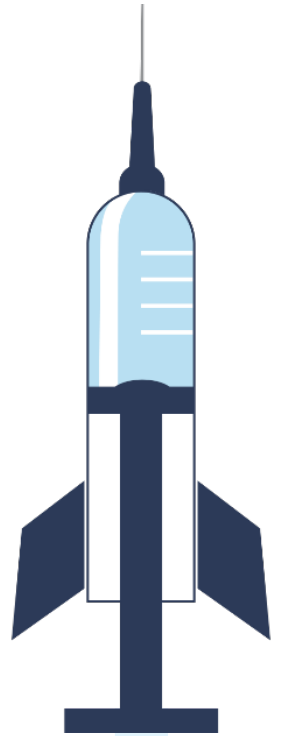QIN—QIO
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COVID Timeline: Trending

Daily Cases Reported: Jan 2020-Current

82,820,565
Total Cases Reported

85,143
Prior 7-Day Average

101,130
Current 7-Day Average***

18.8%
Change in 7-Day Average since Prior Week

Holiday 21- Omicron

Holiday 2020

Delta

COVID Timeline: Trending

Hospitalizations: Jan 2020-Current

4,693,725
Total New Admissions

3,250
Current 7-Day Average

2,617
Prior 7-Day Average

+24.2%
Change in 7-Day Average

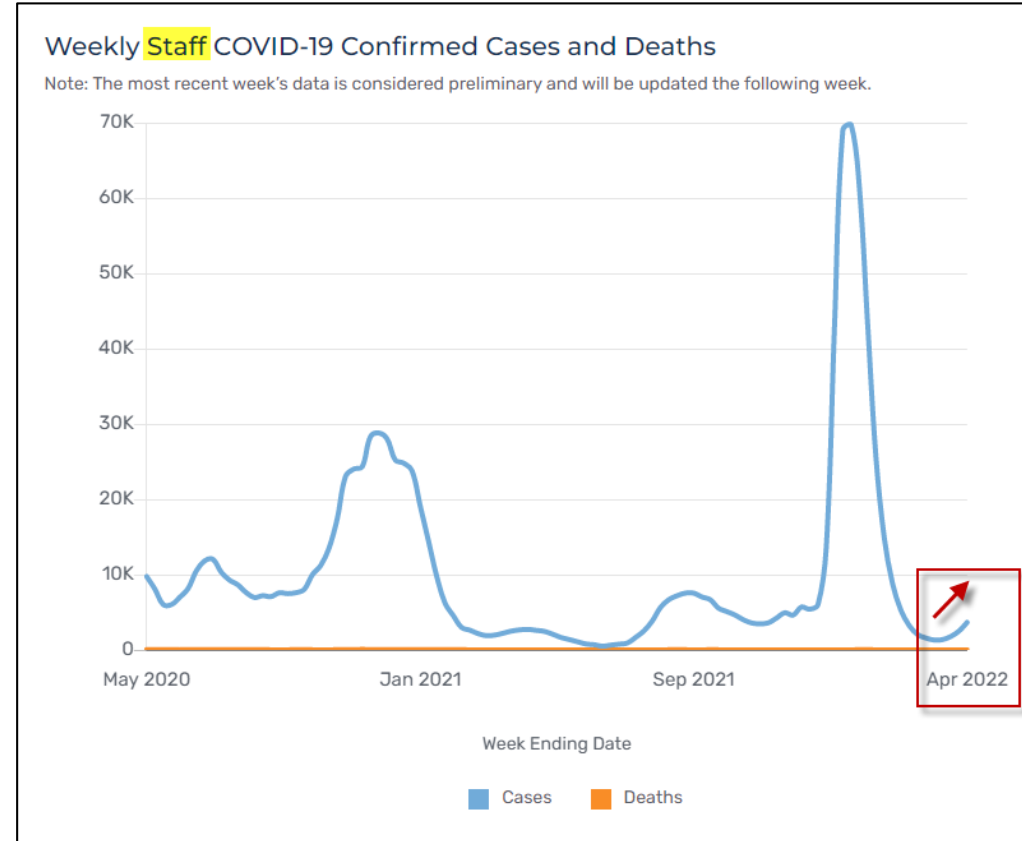https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html
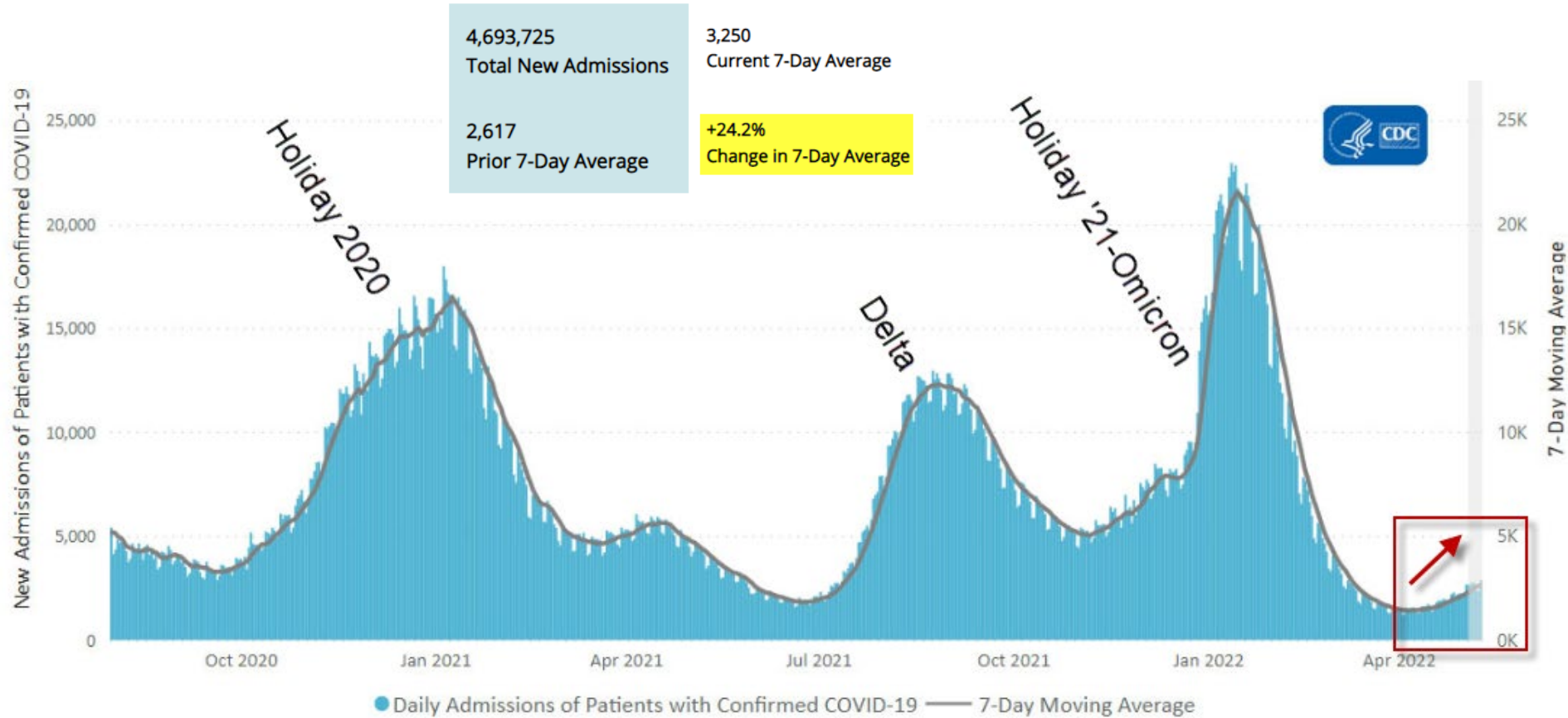
COVID Timeline: Trending

Nursing Home Resident and Staff Confirmed Cases: May 2020-Current

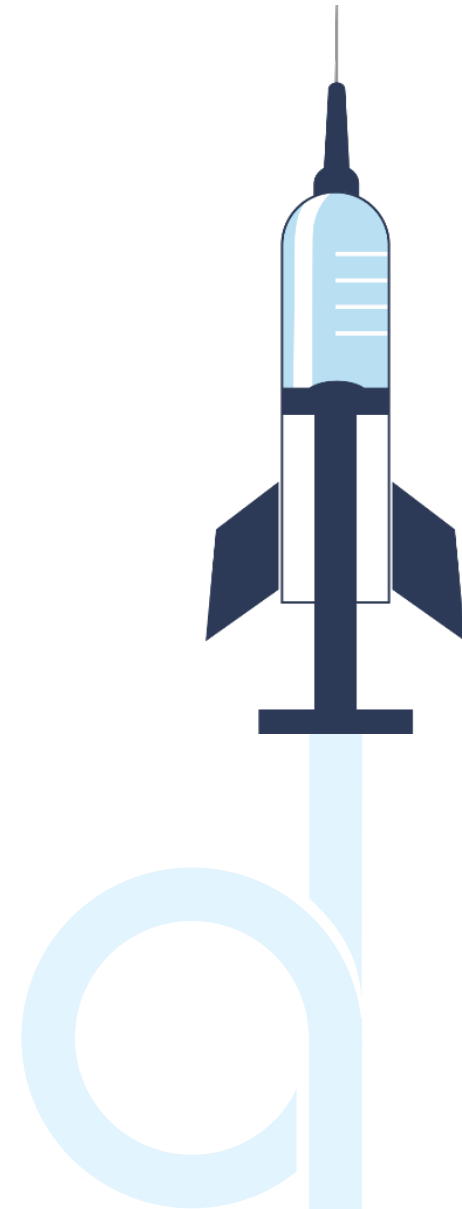https://data.cms.gov/covid-19/covid-19-nursing-home-data
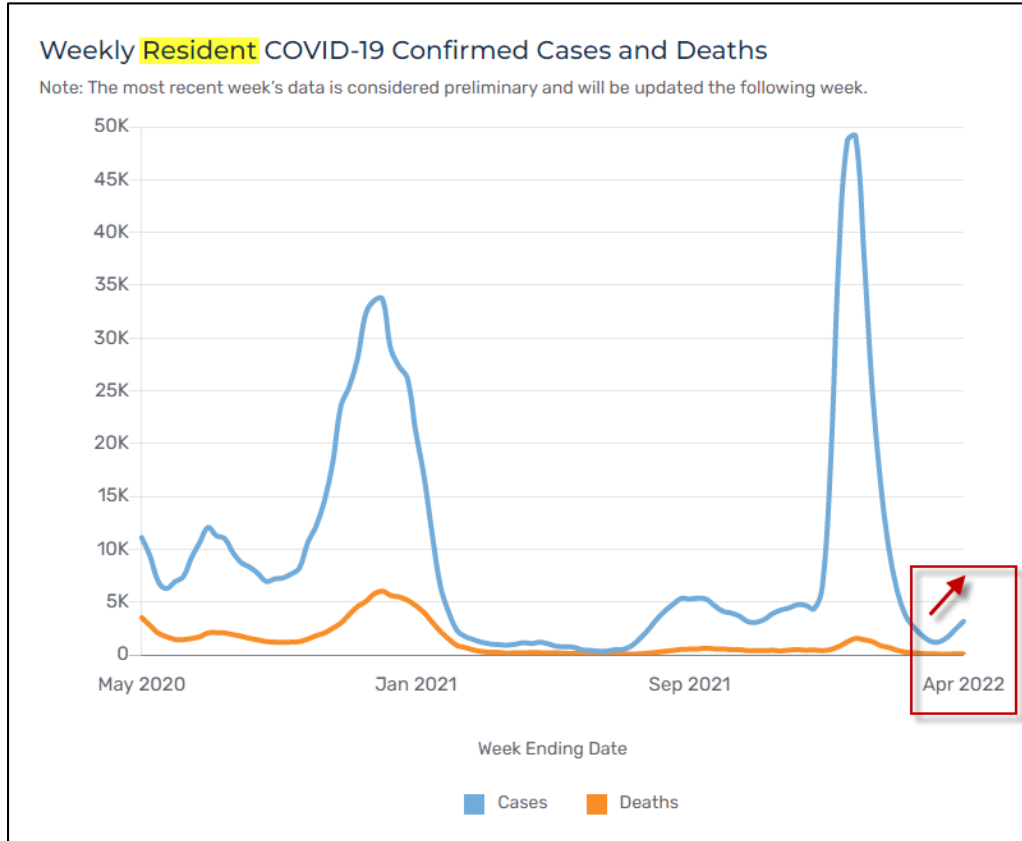
What Is Driving This Trend?

- Federal, state, and local governments have removed many of the recommendations related to masking and public gatherings.
- Several months of low new case reportings and "Green" community spread rates.
- Many with an acquired omicron BA.1 infection (Jan'22-March'22) have now lost their infection-acquired immunity.
- Original primary series vaccination protection is very low.
- COVID vaccine booster uptake is low among nursing home personnel.

https://data.cms.gov/covid-19/covid-19-nursing-home-data
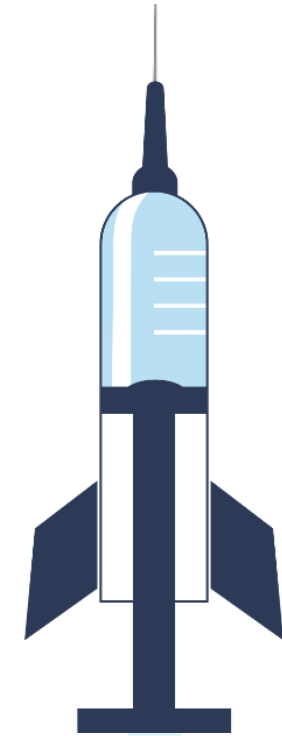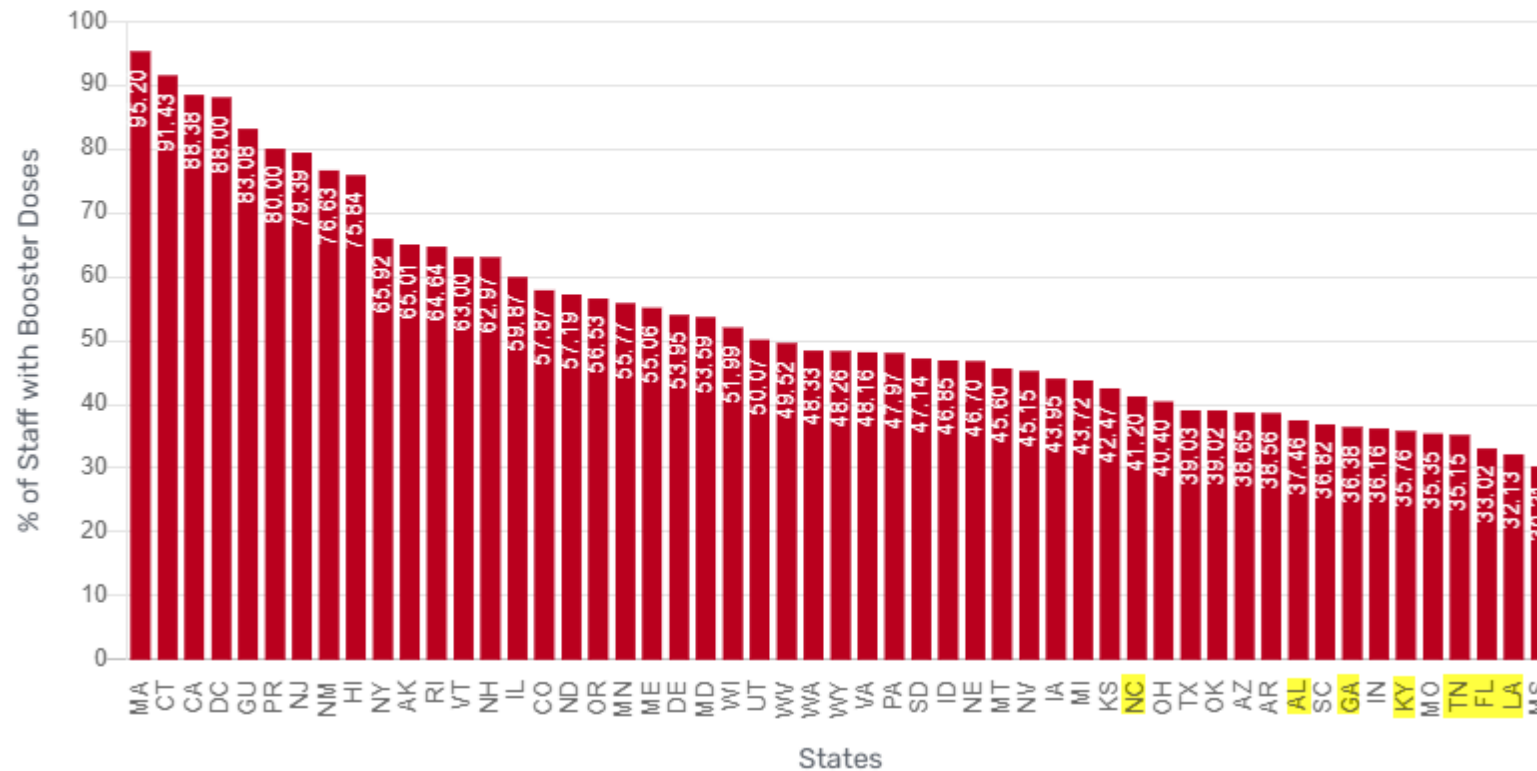https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html

What Is Driving This Trend?
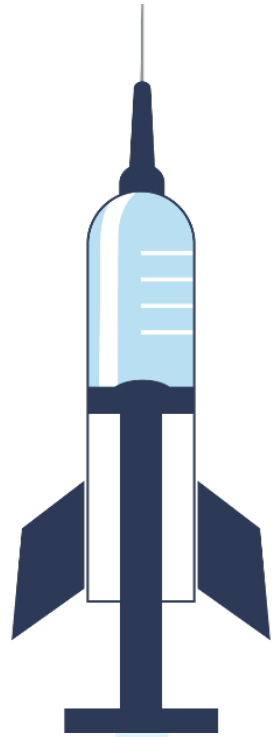
Low Booster Uptake = Low Protection Against COVID-19

Percentage of Current Completely Vaccinated Staff with COVID-19 Booster Doses per Facility

This shows the average percentage among facilities who have reported booster data in the current or prior week.

My Nursing Home Has an Outbreak!

Safety First

- **Ensure the safety of the residents and health care personnel (HCP)**
- **Review your company's policy and procedures**
- **Place resident in quarantine**
  - If double occupancy, place roommate under appropriate isolation
  - Use correct personal protective equipment (PPE) (based on transmission-based precautions implemented)
    - N95, face shield or goggles, gown, gloves, isolation bins, etc.
  - Put up signs notifying isolation standards for room
  - Equipment (BP cuffs, glucometers, thermometers, O2, etc.) utilized to treat suspected or confirmed COVID-19 residents
- **Notify the medical director** (or advanced practitioner)
  - Guidance for medical treatment
  - Determine in-house monitoring or hospitalization
    - Note: If hospitalization is recommended, ensure you inform the ER and transport!
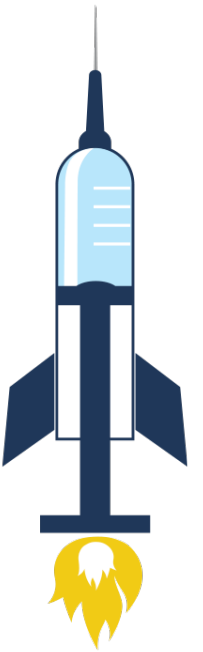
Facility Testing (F886)

Testing of Staff and Residents During an Outbreak Investigation
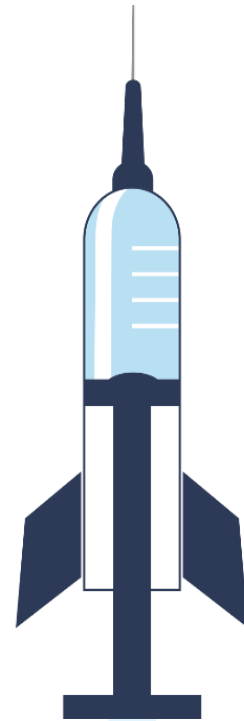
A new COVID-19 infection in any staff or any <u>nursing home-onset</u> COVID-19 infection in a resident triggers an outbreak investigation. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately. Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g. facility-wide) testing.

If the facility has the ability to identify close contacts of the individual with COVID-19, they could choose to conduct focused testing based on known close contacts. If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility). Broader approaches might also be required if the facility is directed to do so by the jurisdiction's public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.

For further information on contact tracing and broad-based testing, including frequency of repeat testing, see CDC guidance "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes."
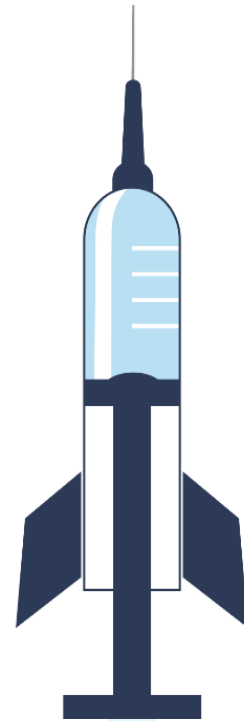
Facility Testing (F886)

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, *regardless of vaccination status*, with signs or symptoms must be tested.	Residents, *regardless of vaccination status*, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, *regardless of vaccination status*, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, *regardless of vaccination status*, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, *regardless of vaccination status*, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, *regardless of vaccination status*, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 below	Not generally recommended

https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf
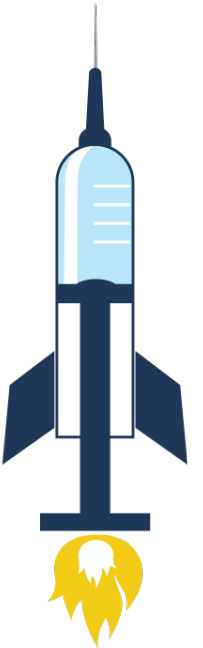
Facility Testing (F886)

Surveying for Compliance

Compliance will be assessed through the following process using the COVID-19 Focused Survey and during the Standard Survey for Nursing Homes:

1. Surveyors will ask for the facility's documentation noted in the "Documentation of Testing" section above, and review the documentation for compliance.
2. Surveyors will also review records of those residents and staff selected as a sample as part of the survey process.
3. If possible, surveyors should observe how the facility conducts testing in real-time. In this process, surveyors will assess if the facility is conducting testing and specimen collection in a manner that is consistent with current standards of practice for conducting COVID-19 tests, such as ensuring PPE is used correctly to prevent the transmission of the virus. If observation is not possible, surveyors should interview an individual responsible for testing and inquire on how testing is conducted (e.g., "what are the steps taken to conduct each test?").
4. If the facility has a shortage of testing supplies, or cannot obtain test results within 48 hours, the surveyor should ask for documentation that the facility contacted state and local health departments to assist with these issues.

Facilities that do not comply with the testing requirements in § 483.80(h) will be cited for noncompliance at F886. Additionally, enforcement remedies (such as civil money penalties) will be imposed based on the resident outcome (i.e., the scope and severity of the noncompliance), in accordance with Chapter 7 of the State Operations Manual.

https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

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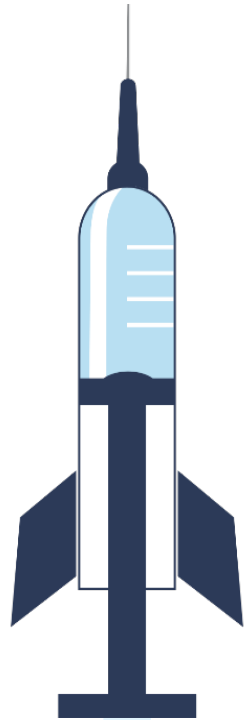
Facility Testing (F886)

Documentation of Testing

Facilities must demonstrate compliance with the testing requirements. To do so, facilities should do the following:

- For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.

- Upon identification of a new COVID-19 case in the facility, document the date the case was identified, the date that other residents and staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests (see section "Testing of Staff and Residents During an Outbreak Investigation" above).

- For staff routine testing, document the facility's level of community transmission, the corresponding testing frequency indicated (e.g., every week), and the date each level of community transmission was collected. Also, document the date(s) that testing was performed for staff, *who are not up-to-date,* and the results of each test.

- Document the facility's procedures for addressing residents and staff that refuse testing or are unable to be tested, and document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.

- When necessary, such as in emergencies due to testing supply shortages, document that the facility contacted state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.

Facilities may document the conducting of tests in a variety of ways, such as a log of community transmission levels, schedules of completed testing, and/or staff and resident records. However, the results of tests must be done in accordance with standards for protected health information. For residents, the facility must document testing results in the medical record. For staff, including individuals providing services under arrangement and volunteers, the facility must document testing results in a secure manner consistent with requirements specified in 483.80(h)(3).

https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

Post Facility Testing Review

After all necessary residents and staff test results have been received:

- Review any positive COVID results.
  - TAKE IMMEDIATE ACTION - Follow policies and procedures.
  - Report to appropriate agencies.
- Review cohorting procedures.
  - What actions (based on identified positive or suspected positive cases) need to be taken?
- Review staffing contingency plans.
- Do not forget to engage your medical director for guidance!

https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf
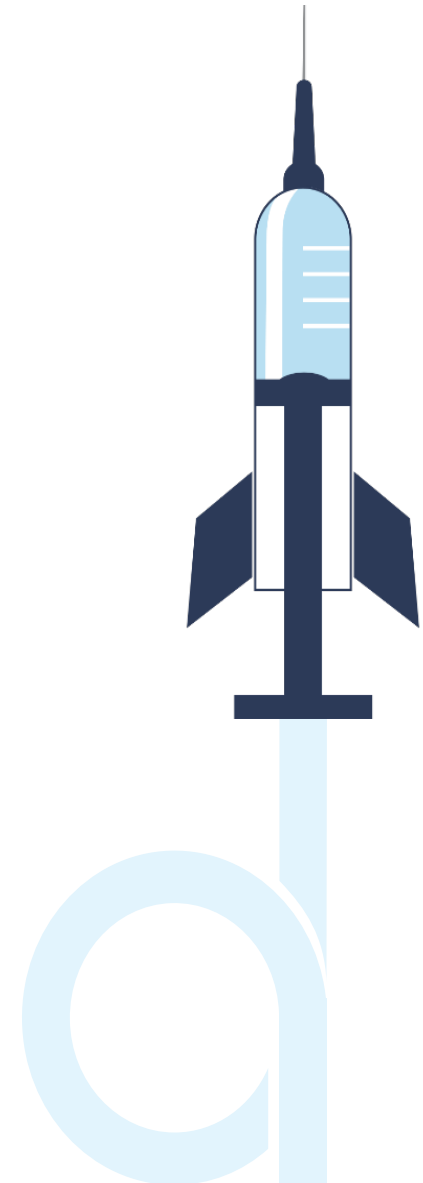
Staff (HCP) Positive COVID-19 Work Restrictions

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test†, if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

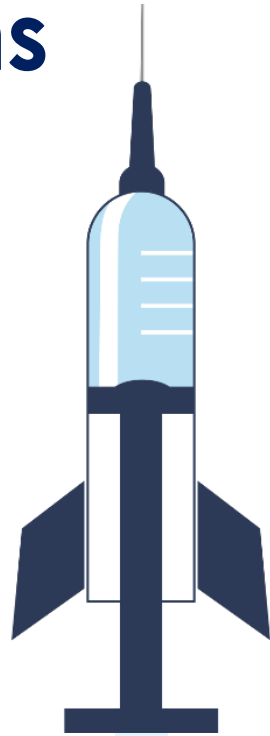| Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1‡ and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test†	No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work
‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

CS328856-A | 01/07/2022

cdc.gov/coronavirus

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When Are You Up to Date on Your Vaccination?

When Are You Up to Date?

Adults ages 18 years or older

You are **up to date** with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

Pfizer-BioNTech

Primary Series:
2 doses of Pfizer-BioNTech given 3–8 weeks apart [1]

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 5 months after the final dose in the primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you [2]

Moderna

Primary Series:
2 doses of Moderna given 4–8 weeks apart [1]

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 5 months after the final dose in the primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you [2]

Johnson & Johnson's Janssen

Primary Series:
1 dose of Johnson & Johnson's Janssen

Fully Vaccinated: 2 weeks after vaccination

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 2 months after a J&J/Janssen COVID-19 vaccine

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you [2]

People ages 18 through 49 years who received a J&J/Janssen COVID-19 vaccine for both their primary dose and booster can choose to get a 2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine at least 4 months after their 1st booster. The 2nd booster is not required to be considered up to date for people ages 18 through 49 years who got a J&J/Janssen COVID-19 vaccine for both their primary dose and 1st booster.

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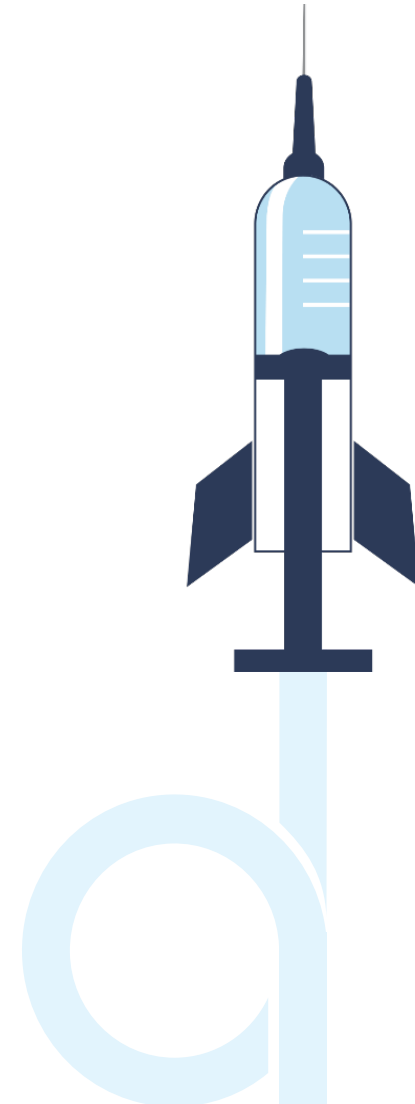IQUALITY IMPROVEMENT & INNOVATION GROUP

Required Notifications & Reporting (F884, F885)

Notify HCP, Residents, and Families about Outbreaks, and Report SARS-CoV-2 Infections, Facility Staffing, Testing, and Supply Information to Public Health Authorities

- Notify the health department promptly 📄 ↗ about any of the following:
  - ≥ 1 residents or HCP with suspected or confirmed SARS-CoV-2 infection
  - Resident with severe respiratory infection resulting in hospitalization or death
  - ≥ 3 residents or HCP with acute illness compatible with COVID-19 with onset within a 72-hour period
- Find the contact information for the healthcare-associated infections program in your state health department, as well as your local health department.
- Notify HCP, residents, and families promptly about identification of SARS-CoV-2 in the facility 📄 ↗ and maintain ongoing, frequent communication with HCP, residents, and families with updates on the situation and facility actions.
- Report SARS-CoV-2 infections, facility staffing and supply information, and point of care testing data to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly. CDC's NHSN provides long-term care facilities with a secure reporting platform to track infections and prevention process measures in a systematic way.
  - Weekly data submission to NHSN will meet the Centers for Medicare and Medicaid Services (CMS) COVID-19 reporting requirements 📄 ↗ .

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
CDC: State-based HAI: https://www.cdc.gov/hai/state-based/index.html

Required Notifications & Reporting (F884, F885)

F884: COVID-19 Reporting to CDC as required at §483.80(g)(1)-(2)

COVID-19 Reporting. The facility must—

A determination that a facility failed to comply with the requirement to report COVID-19 related information to the CDC pursuant to §483.80(g)(1)-(2) (tag F884) will result in an enforcement action. These regulations require a minimum of weekly reporting, and noncompliance with this requirement will receive a deficiency citation and result in a civil money penalty (CMP) imposition.

***NHSN: Facilities must submit their data through the NHSN reporting system at least once every seven days. Facilities may *choose* to submit multiple times a week (not required). Reporting day should stay consistent.

State and Local Reporting:

Review reporting requirements for new positive COVID-19 cases for your state and local agencies. Varies state-by-state

F885: COVID-19 Reporting to Residents, their Representatives, and Families as required at §483.80(g)(3)(i)-(iii)

COVID-19 Reporting. The facility must—

(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—

(i) Not include personally identifiable information;

(ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and

(iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.

***Note: Report next CALENDAR day (NOT Business Day)

https://www.cms.gov/files/document/qso-20-29-nh.pdf

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Required Notifications & Reporting (F884, F885)

F884: COVID-19 Reporting to CDC as required at §483.80(g)(1)-(2)
Review for F884 will be conducted offsite by CMS Federal surveyors (state surveyors should not cite this F-tag). Following an initial reporting grace period granted to facilities, CMS will receive the CDC NHSN COVID-19 reported data and review for timely and complete reporting of all data elements. Facilities identified as not reporting will receive a deficiency citation at F884 on the CMS-2567 with a scope and severity level at an F (no actual harm with a potential for more than minimal harm that is not an Immediate Jeopardy [IJ] and that is widespread; this is a systemic failure with the potential to affect a large portion or all of the residents or employees), and be subject to an enforcement remedy imposed as described below.

F885: COVID-19 Reporting to Residents, their Representatives, and Families as required at §483.80(g)(3)(i)-(iii)
Review for F885 is included in the "COVID-19 Focused Survey Protocol" and will occur onsite by State and/or Federal surveyors. If the survey finds noncompliance with this requirement, a deficiency citation at this tag will be recorded on the CMS-2567 and enforcement actions will follow the memo QSO-20-20-All. We note that there are a variety of ways that facilities can meet this requirement, such as informing families and representatives through email listservs, website postings, paper notification, and/or recorded telephone messages. We do not expect facilities to make individual telephone calls to each resident's family or responsible party to inform them that a resident in the facility has laboratory-confirmed COVID-19. However, we expect facilities to take reasonable efforts to make it easy for residents, their representatives, and families to obtain the information facilities are required to provide.

https://www.cms.gov/files/document/qso-20-29-nh.pdf
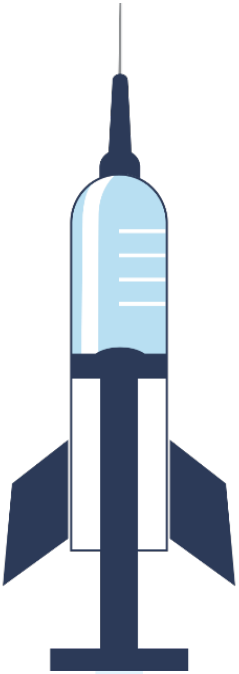
Cohorting Plans

## Cohorting Information from the CDC:

Identify Space in the Facility that Could be Dedicated to Monitor and Care for Residents with Confirmed SARS-CoV-2 Infection

- Determine the location of the COVID-19 care unit and create a staffing plan.

- The location of the COVID-19 care unit should ideally be physically separated from other rooms or units housing residents without confirmed SARS-CoV-2 infection. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with SARS-CoV-2 infection.

- Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. If possible, HCP should avoid working on both the COVID-19 care unit and other units during the same shift.

  - To the extent possible, restrict access of ancillary personnel (e.g., dietary) to the unit.

  - Ideally, environmental services (EVS) staff should be dedicated to this unit, but to the extent possible, EVS staff should avoid working on both the COVID-19 care unit and other units during the same shift.

  - To the extent possible, HCP dedicated to the COVID-19 care unit (e.g., NAs and nurses) will also be performing cleaning and disinfection of high-touch surfaces and shared equipment when in the room for resident care activities. HCP should bring an Environmental Protection Agency (EPA)-registered disinfectant (e.g., wipe) from List N ☑ into the room and wipe down high-touch surfaces (e.g., light switch, doorknob, bedside table) before leaving the room.

Guidance addressing placement, duration, and recommended PPE when caring for residents with SARS-CoV-2 infection is described in Section: Manage Residents with Suspected or Confirmed SARS-CoV-2 infection.
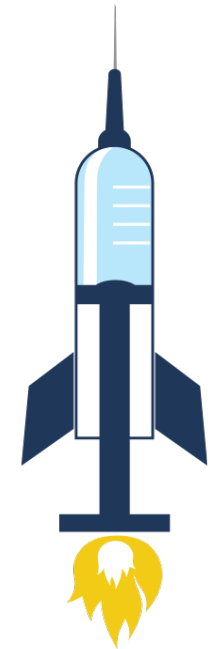
NOTE:
Review your state and local health department guidelines for location specific cohorting guidance.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Isolation/Quarantine
Transmission-Based Precautions

Isolation/Quarantine of Residents

Up to date:

Positive for COVID-19 (by testing or those symptomatic before test results are available): Placed in transmission- based precautions for 10 days (symptom onset or test result = day 0).

Exposure to COVID-19: Resident to wear source control and be tested on the day of exposure and again between days 5-7 post-exposure. In general, they do not need to be quarantined to their room or cared for by HCP wearing PPE unless symptoms of COVID-19 develop, testing results become positive, or they are otherwise diagnosed with COVID-19.

New admission to facility: Does not need to be placed in quarantine but should be tested on the day of admission and between days 5-7. Quarantine can be considered for those who are moderately to severely immunocompromised.

Not up to date:

Positive for COVID-19 (by testing or those symptomatic before test results are available): Placed in transmission- based precautions for 10 days (symptom onset or test result = day 0).

Exposure to COVID-19: Placed in quarantine with transmission-based precautions for 10 days (exposure date = day 0). Can be removed on day seven if the test is negative and symptoms do not develop. Specimen to be collected within 48 hours of the time of expected discontinuation of precautions.

New admission to facility: Placed in transmission-based precautions for 10 days (day of admission = day 0).

Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC
Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) | CDC

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Strengthen Your Approach

- Team member assigned to provide the leadership team with weekly updates – CDC, CMS, OSHA
- Update COVID-19 response plan with ending of 1135 Waivers
- Review of the screening process (audit schedule against screening log)
- Update your notification system
- Update staff communication process
- Review process for capturing all staff during outbreak testing
- Review requirements for testing (community spread and outbreak)
- Quarantine – "COVID Go Boxes" (including signs)

Handling the Tornado of Information

CMS Newsletter

https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Electronic-Mailing-Lists

CDC Long-Term Care Resource Page

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html

Information on Source Control from CDC

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Alliant COVID-19 Resources

Give the Boost a Shot
Alliant Staff Screening Toolkit
Other Alliant Infection Control Resources

Thoughts?
Best Practices?
Questions?

Continue your education....

Booster Learning Spotlight

New video short series, Take 5!

[Take 5: Introduction - How to Use Take 5 - Start here!](#)

[Take 5: Vaccine Eligibility- Who is Eligible?](#)

[Take 5: Vaccine Eligibility- FAQ's](#)
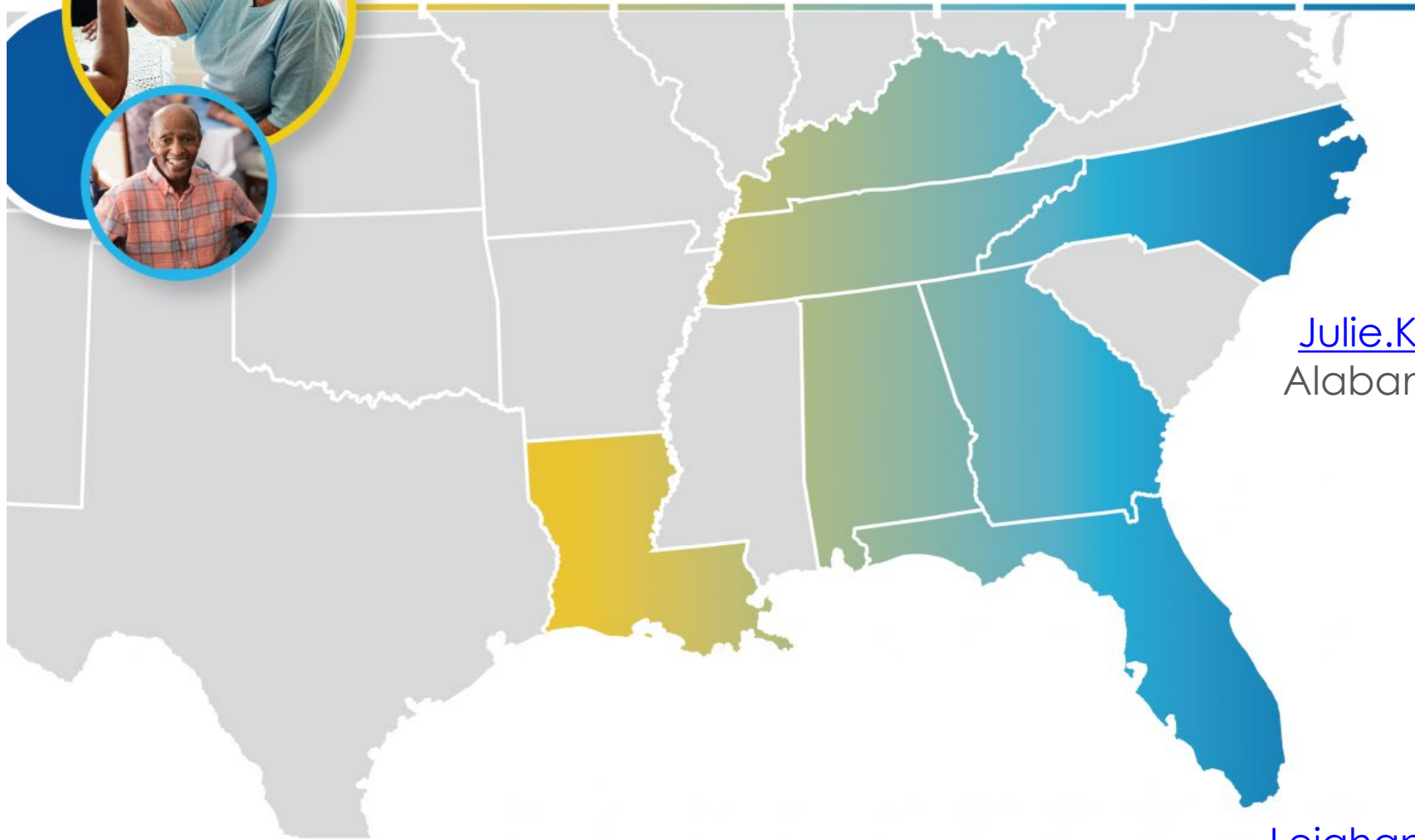
Coming Soon!
Overcoming Refusals * Understanding Variants
How COVID impacts Operations
Best Practices for Unvaccinated HCP
Finding your Public Data on Care Compare

Have a topic for us? booster@allianthealth.org

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Making Health Care Better *Together*

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Program Directors

Stay Up-to-Date With BOOST

BOOST Office Hours

BOOST Office Hours & Shop Talk | 1.20.2022
BOOST Office Hours | 1.27.2022
BOOST Office Hours | 2.3.2022
BOOST Office Hours | 2.10.2022
BOOST Office Hours & Shop Talk | 2.17.2022
BOOST Office Hours | 2.24.22
BOOST Office Hours | 3.3.22
BOOST Office Hours | 3.10.22
BOOST Office Hours & Shop Talk | 3.17.22
BOOST Office Hours | 3.24.22
BOOST Office Hours | 3.31.22

BOOST Education Events

BOOST Kick-Off Event | 1.19.22
BOOST Education Event | 1.26.2022
BOOST Education Event | 2.2.2022
BOOST Education Event | 2.9.2022
BOOST Education Event | 2.16.2022
BOOST Educational Event | 2.23.22
BOOST Education Event | 3.2.22
BOOST Education Event | 3.9.22
BOOST Education Event | 3.16.22
BOOST Education Event | 3.23.22
BOOST Education Event | 3.30.22

Social Media Graphics

Mask Up, Sleeve Up
BOOST: Mask Up, Sleeve Up – Flyer
BOOST: Mask Up, Sleeve Up – Twitter
BOOST: Mask Up, Sleeve Up – Facebook/LinkedIn

Don't Miss Your Shot
BOOST: Don't Miss Your Shot – Flyer
BOOST: Don't Miss Your Shot – Twitter
BOOST: Don't Miss Your Shot – Facebook/LinkedIn

This Is Your Shot
BOOST: This Is Your Shot – Flyer
BOOST: This Is Your Shot – Twitter
BOOST: This Is Your Shot – Facebook/LinkedIn

BOOST Bulletin Board

Booster Bulletin | Jan. 25, 2022
Booster Bulletin | Feb. 1, 2022
Booster Bulletin | Feb. 8, 2022
Booster Bulletin | Feb. 15, 2022
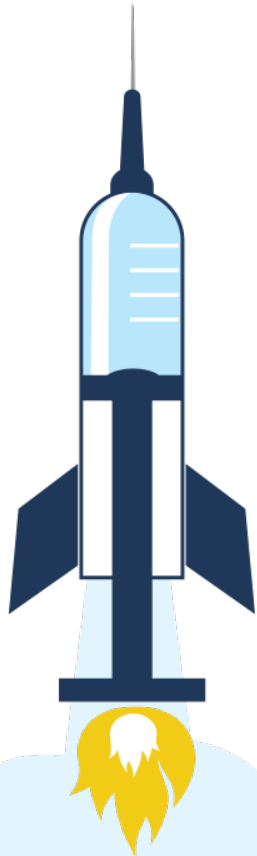Booster Bulletin | Feb. 22, 2022
Booster Bulletin | March 1, 2022

#GivetheBoostaShot   #VaxToTheMax

Thank you

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Alliant Health Solutions

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